

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. §1.53(b))</small>	Attorney Docket No.		PC10370AADO	
	First Named Inventor or Application Identifier		Ghazwan Saleem Butrous, et al	
	Title	TREATMENT OF PULMONARY HYPERTENSION		
	Express Mail Label No.	EL709318529US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 20] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets 3]		ACCOMPANYING APPLICATION PARTS	
4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]			
a. <input checked="" type="checkbox"/> Newly executed (original or copy/unsigned)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below]			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
		10. <input type="checkbox"/> English Translation Document (if applicable)	
		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
		12. <input checked="" type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		14. <input type="checkbox"/> Other: Priority Claim	
*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			
17. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____ Prior application information: Examiner _____ Group/Art Unit: _____			

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small> or <input checked="" type="checkbox"/> Correspondence address below					
Name	Gregg C. Benson				
Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221
NAME (Print/type)	A. Dean Olson		Registration No. (Attorney/Agent)	31,185	
Signature			Date	10/10/2000	

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2000.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$710.00)

Complete if Known

Application Number	To Be Assigned
Filing Date	filed herewith
First Named Inventor	Ghazwan Saleem Butrous, et al
Examiner Name	To Be Assigned
Group/Art Unit	To Be Assigned
Attorney Docket No.	PC10370AADO

METHOD OF PAYMENT (check one)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc

- ☒ Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17. ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance.

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
10	-20**=	0	-0-
Independent Claims	1	-3**=	0
Multiple Dependent			-0-

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) -0-

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)					
Other Fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) -0-

SUBMITTED BY

Type or Printed Name A. Dean Olson

Signature

Date 10/11/2000

Complete (if Applicable)

Reg. Number 31,185

Deposit Account User ID 16-1445

EXPRESS MAIL NO. EL 709318529245